A MODEL FOR CRISIS INTERVENTION

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About seven years ago, Irving Weisman presented a means for crisis intervention that could cross-cut a variety of treatment problems and philosophies.[1] Since then, the social literature has shown no apparent interest in his proposal, perhaps because he left unanswered two common questions that most practitioners have about any intervention model: how does it work exactly, and does it do what it purports to do? The latter question can hardly be answered if the guidelines lack enough precision to show its practicality.

In this article I hope to preserve most of Weisman's suggestions while at the same time constructing a relatively easily mastered model for pastoral intervention. Toward this end, I will first summarize Weisman's proposal and then revise it by (a) reorganizing his procedures and (b) operationally explaining each step of the way.

WEISMAN'S MODEL

1. Mobilize services and resources to meet the client's immediate needs. This guideline, reports Weisman, involves crisis management procedures. The chaplain provides the client relief from immediate pressures and engages him in a client-worker relationship in order to help him assess the situation. The chaplain learns the client's expectations of him, obtains a description of the problematic events, and offers pertinent information of which the client remains unaware. Engagement and reaching out also includes such activities as following up various requests of the client or gathering informastion or forms from other agencies or institutions.

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[1] Irving Weisman, "Drug Abuse: Some Practical Dilemmas," Social Service Review, 46: 378-394 (September 1972).

2. Help the client mobilize his personal equipment to cope with his present crisis. While in the previous guideline the chaplain concentrates on what can be done for the client, in this part of the model the chaplain focuses on helping the client prepare himself to face the personal and interpersonal tasks for meeting the crises. The emphasis is on what the client can do for himself rather than on what the chaplain can do for him. As an illustration, Weisman offers a transcript excerpt from a session in which he helped a methadone patient prepare for a court appearance for a forgery charge. However, his excerpt differs from his tated purpose. Instead of showing the client alternative ways of presenting himself to the judge, he discusses the client's motivation and feelings during his criminal activities. Strictly following Weisman's model, his intended purpose is more relevant to the previous guideline, and his actual illustration is more applicable to the next guideline.

3. Identify to the client his self-defeating patterns of behavior. According to the third guideline, the chaplain identifies "repetitive patterns of behaviour which produce repetitive difficulties." If the chaplain can locate self-defeating patterns of behavior, he can bring them to the client's attention. As these patterns arise in hypothetical fashion in order to lessen client defensiveness, both client and chaplain can explore them together. The ensuing examination will probably help the client toward more awareness of both his motives and constructive alternative responses.

4. Help the client accept responsibility for making choices among alternatives and for their consequences. Clients often perceive themselves as reactors rather than as actors. In other words, they look upon themselves as passive or helpless victims of external forces -- whether they exist as world situations, unfair practices of others, or some kind of inherent

limitation within themselves. The chaplain points out definite and realistic options. Denying the existence of reasonable alternatives of action provides an excuse to blame others for unfortunate or disagreeable results. On the other hand, if clients learn that they have choices, they can actively work against their self-defeating behavior.

Weisman's model offer the chaplain two significant contributions. In contrast to other complex and cumbersome intervention techniques that are usually taught in schools of social work, his guidelines have refreshingly simple and easily learnable qualities. Also, as he intended, his model does seem capable of cross-cutting a variety of diagnostic categories and therefore makes it applicable to various philosophies of causation and treatment. While I believe Weisman's guidelines have merit, they require some refinement before they can serve as a practical tool for pastoral counselors.

STRUCTURAL CHANGES

Two diretions seem necessary to strengthen Weisman's model. The first has to do with the structuring or ordering of his guidelines. On closer inspection, for instance, the last three guidelines elaborate on a common theme, i.e., alternative lines of action. Consequently, the four guidelines collapse to two. The following outline embodies a more logical construction of his model.

1. Mobilize services and resources.
2. Help the client mobilize his personal equipment to cope with his present crisis.
    a. Identify self-defeating patterns of behavior.
    b. Show practical options to self-defeating patterns of behavior.
    c. Help the client accept responsibility for making a choice among available alternatives.

PROCEDURAL CHANGES

In addition to reorganzing the guidelines, each of them requires more precision. The questions of how to operationalize the guidelines remain unasked or unanswered. Such questions include the following. How does a chaplain help a client organize his personal resources to cope with the problem? Once a self-defeating pattern of behavior becomes identified, what does one do with it? How does the chaplain help the client accept responsibility for his actions? Weisman provides some clues himslef, but I shall seek to clarify what seems ambiguous and to add to what seems lacking.

1. Mobilize Services and Resources

This guideline probaby is the most difficult to describe because it depends more on the specific situation than any of the other steps. To reiterate from Weisman, the chaplain makes organizational or agency preparations to deal with the problem. This may involve filing applications, calling for appointments, or requesting records. He also assesses the situation by trying to view the problem from the client's point of view. This includes evaluating the client and obtaining a clear picture of the client's circumstances with emphasis on the particular area of concern. When he evaluates his client, it is preferable for the chaplain to keep in mind that many clients feel frightened, and consequently, he uses his personal style to put the cleint at ease. Secondly, the chaplain obtains information about the problem or problems: precipitating factors, systematic import, and previous attempts to cope with the problem. Thirdly, he notes the client's defending or coping mechanisms such as denial, projection, rationalization, passivity, aggression, assertion, withdrawal, or confrontation. Finally, he determines the client's (active) willingness to work on the problem in contrast to just (passively) wishing the problem to resolve itself. This process of engagement, including the meaningful exploration concerning the nature

of the problem, helps the client see himself in a partnership with the chaplain in a helping process.

2. Organize Personal Resources to Cope with the Problem

In this guideline the chaplain's personal choice of therapeutic interventions come into play. Basically, there are four strategies to control emotions and behavior. One strategy uses electrical or biochemical means such as shock therapy, mega-vitamins, and psycho-pharmacology. Another means of change works thrgh such sensory-motor processes as body exercises, muscular manipulation, or performing tasks such as found in Bio-energetics, Rolfing, operant conditioning, and other behavioral techniques. A third approach to emotional and behavioral control focues on existing emotional states and prejudies such as in encounter exercises and Gestalt Theray, or focues on re-experiencing past emotional states as one does in Primal Therapy and in the analytic mechanism of transference. The fourth appraoch consists of cognitive techniques embodied in such therapies as Transactional Analysis, Rational-Behavioral Therapy, and Rational-Emotive Therapy.

To illustrate this guideline, I shall use one of the cognitive orientations. Although Freud alleged that cognitive techniques had the same effect as "talking to the winds." the clinical psychological literature has steadily turned its theoretical and empirical attention toward cognitive techniqes for intervention. Since I believe that pastoral counselors would profit from a more cognitive orientation than presently exists in the field, I shall use Rational Emotive Therapy (RET) for illustrative purposes.

Developed by Albert Ellis, this theory claims that most emotional problems emerge from erroneously believing that an Activating event (A) causes emotional and behavioral Consequences (C). Actually, Ellis claims, the cause of C is the person's Beliefs (attitudes, interpretations) (B) about the Activating

event. If the person's Beliefs have reasonable and empirical referents, then appropriate behavioral or emotional responses will occur, such as annoyance, frustration, irritation, and sorrow. These emotions are appropriate and reasonable because they stem from one's wishes or preferences about himself, others, or circumstances of life. If, however, the person's ideas also include illogical or unreasonable Beliefs by extending a preference into a demand, then the response will consist of self-defeating behavior and emotional over- or under-reactions. Thus, anger, guilt, shame, depression, self-pity, anxiety, and embarrassment are feelings built on gradiose and commanding ideas about one's self, others, or the world.[2]

To help the client organize himself, the chaplain can offer a brief A-B-C explanation of human behavior, particularly that sustained feelings stem from and maintain themselves through thoughts and Beliefs. The chaplain shows that the way toward less self-defeating behavior or emotions lies in frequent and vigorous Disputing (D) the parts of one's philosophical stances that are demands. By answering the Disputations rationally, the cognitive Effect (E) will result in more appropriate feelings and activities. Thus, the client learns that he indeed has the capacity to continue or discontinue his self-defeating behavior once he identifies the unreasonable thought and decides to counter his earlier self-brainwashing.

3. Using an Identified Pattern of Self-Defeating Behavior

Once the chaplain establishes a self-defeating pattern of behavior or feeling, he still has the problem of what to do with this information. So often the literature beautifully describes how to establish a partnership

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[2] Albert Ellis, Humanistic Psychology: The Rational-Emotive Approach (New York: Lyle Stuart, 1973).

with the client, how to elicit pertinent information, and how to assemble that information into a working explanation of problem, motivation, and feeling. At this point, the chaplain asks, "Now what do I do?" Rational-Emotive Therapy answers this question in four steps. As an example, I shall use a former client who was employed by a methadone clinic in which she also attended as a drug-free patient. Bdcause of her patient-staff status, she was required to give periodic urine samples for analysis. She came to me because she took cocaine whenever her friends offered some to her. Her conflict consisted of using and liking cocaine that could easily jeopardize her stated goals of acting as a better mother to her children. In addition, if she lost her job, she would be unable to move to a better neighborhood.

a. After asking some background questions, I asked her what she felt or thought about when her friends offered her "coke." My first step consisted of helping her identify the thoughts that reinforced her feelings and self-defeating behavior. In her case, her beliefs were characterized by a fear of disapproval and an unwillingness to tolerate frustrating circumstances. For example, some of her ideas included the following: I can't say no; it is horrible if my friends disapprove of me; I know I'll kick myself for it tomorrow, but I can't stand not having it when I really want it; I'm a complete idiot to do such a stupid thing; well, if I'm an idiot, I guess I'll just have to continue acting so idiotically, for how can such an idiot as I really change her circumstances?

If clients do not come up with some ideas or feelings when I ask what they say to themselves during specific events, I prod them by directing them, "Well think about it now," followed by "Take an educated guess" if they still draw a blank. If my prodding proves unsuccessful, I hypothetically suggest some idea that I elicit from a combination of my knowledge of human behavior and the relationship between thoughts and emotions (in my case, I use a

rational-emotive framework) and of my empathic listening. Once surfaced, most clients agree with all of it or part of it, and we work on areas of agreement. Those clients who disagree soon venture their own hypothesis.

b. Secondly, I helped my client question the validity of her beliefs. Questions to the above ideas and self-sentences include the follwing. What evidence exists that I cannot say "no"? How is it horrible if my friends don't like what I do? Why do I have to put myself down if I act self-defeatingly? Why must I have what I want? How does a foolish act make me a total idiot? If I do act idiotically, why do I have to castigate and condemn myself for all time? What evidence exists that proves I cannot change my behavior? What law of the universe dictates that I must live in the future according to the way I have lived in the past?

Some clients use their subjective feelings as evidence for a fact. If this occurs, I point out that sound mental health includes the ability to distinguish between what they think is fact and what is objective reality. As an example, I ask, "Does a person who believes and very intensely feels that he is Napoleon make him Napoleon?" Most clients readily agree with me that it obviously does not. In effect, I teach my clients how to apply the scientific method to their personal and inter-personal problems.

c. Once the validity of her beliefs came under scrutiny, the next step induced her to replace her self-defeating ideas with more reasonable and realistic beliefs. The answers to the above questions (perhaps with some prompting by the chaplain) may include the follwing. There is no evidence that I am incapable fo saying the word "no": no outside force clamps my mouth shut. While I regret and feel very sorry if my friends reject me, it would not be a horrible exerience; at the most I will feel uncomfortable and frustrated, and that hardly equals a catastrophe. Also, if they do reject me, I can make

new and more amenable friends. Of course I don't have to get what I want, although I might feel better if I did; it merely amounts to some deprivation, and while it reamsin unpleasurable to deny short-range rewards, I will feel a lot more unpleasant if I sacrifice my long-term goals. Indeed, it is preferable that I do not overgeneralize from some of my actions to my total self; that has about the same logic as saying, "If I playfully bark like a dog, I am a dog," therefore, if I act foolishly, it merely means that sometimes I act foolishly, and that's all it means! No, I do not have to castigate myself for having used poor judgment; rather I can work on how not to act so self-defeatingly in the future. No evidence exists that I will continue to act so foolishly. Just because I habitually acted poorly in the past in this area of life, it does not mean that I cannot change; the evidence only shows that so far in my life I have chosen to act this way. Finally, no proof exists that a universal law dictates that I must act in one way rather than another -- except the law in my own head! Instead of wasting energy berating myself for past mistakes, let me direct it toward preparing for future situations. If I really want to change my life style, than I had better acknowledge that I cause me to act poorly by interpreting situations as horrible and by feeling these situations demand too much for me to experience. If I want to live a happier life and be a better mother, I will just have to work hard at rooting out my crazy notions.

Of course, some clients do not agree with the answers. In these cases, the client is requested to give his or her reasons for disagreeing. Sometimes the ensuing discussion leads to other related and/or more important beliefs that may have beenoverlooked. In any case, each belief is subjected to logic and science in order to test its validity.

d. Finally, I helped my client validate these new ideas through action. All the nice insights and all the good suggestions mean relatively little if one does not act on them and experience them. Therefore, I encouraged my client to recall counter arguments if any of her friends offered her cocaine again. At our next session, we discussed how she felt and thought during the event--whether she had successfully challenged her self-defeating ideas or not. If she did change her behavior (rejecting the drug, for instance), I would check to see if she changed for the right reasons. For example, if she refused the cocaine in order to receive my approval, I would point out that her motivation provides additional evidence that she behaves according to the interests of other people rather than to those of her own. In other words, to feel better or to behave better can occur for the wrong reasons. These changes had best rely on firm philosophical or attitudinal changes as well. Otherwise, the problem still exists psychologically, if not situationally.

4. Having the Client Accept Responsibility for His Own Actions

If self-defeating behavior or under- or over-reaction stems from one's own thoughts, beliefs, ideology, attitudes, or philosophy, then the onus for his behavior remains with him. The chaplain shows the client (grounded in steps 3b ad 3c above) that in whatever situation he finds himself, there are always options available to him. Perhaps no choice has positive benefits, but he can at least select the best from the lot. Through illustrations, anecdotes, and daily living practices, clients can be shown that they need not choose to react passively or allow themselves to remain buffeted about by the decisions of others.

A common but mistaken reaction to the idea of accepting responsibility for one's actions consists in the belief that one must blame or down oneself. If that problem occurs, the chaplain can point out that blaming oneself usually

has the exact opposite character of accepting responsibility. The former implies that one deserves total condemnation and punishment for having done a wrong deed. Blame, then, leaves no room for choice: if one is horrible for having done a horrible deed, then how can such a no-good, horrible person act any differently than horribly? The focus is on past behavior that results in self-defeating emotions such as guilt, shame, anger, self-pity, depression, and anxiety. In contrast, responsibility is less concerned about the poor act committed in the past (other than the practical penalties of the act), but instead is more concerned about future behavior, namely, what better ways exist for behaving the next time around? Responsibility allows choice for changing human behavior, and effective mental health includes the realization that people can eventually change their behavior if they determinedly, frequently, and vigorously challenge their illogical, unempirical, over-generalizing beliefs.

Now that the questions have been answered regarding procedural changes, where do they leave us? In answer, I propose the following synthesis.

1. Mobilize services and resources to meet the client's immediate needs: engagement, preliminary diagnosis, client evaluation.
2. Help the client organize himself for coping with his present crisis by teaching problem-solving techniques.
   a. Identify self-defeating behavioral-emotional patterns.
   b. Identify ideas that cause or reinforce the behavioral-emotional patterns.
   c. Confront the thoughts by questioning their validity and present other available options.
   d. Replace the self-defeating ideas with empiracally validated ideas.

e. Experiment with the new ideas in the problem area and/or in daily living.

3. Help the client accept responsibility for making choices and for the consequences of these choices, including the choice of not making a choice.

With this more refined intervention model with its clarified steps, the chaplain has a more accurate tool to use in his or her counseling. While none of the steps are particularly new to most chaplains, they do pull together salient issues of the process in an uncomplicated way. As in my model, however, it has no isomorphic relationship to reality. Counseling sessions just do not nicely or neatly follow logical steps. There is much movement back and forth, up and down, across and sideways. But models do provide a framework or point of reference for organizing and interpreting behavior: one need not feel lost in a disorganized process of trial and error.

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